



PATIENT

Milo Liszner

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7

WEIGHT

23.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

37087

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: vomiting Hx of splenectomy.

Abnormal PE/Chem/CBC/UA Results: Na >180 K 8.6 Chlor 83 Chol 301

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed moderate degenerative changes. The left kidney revealed cortical collapse and infarct. The left kidney measured 4.83 cm. Corticomedullary calculi were noted. The right kidney revealed corticomedullary calculi, nonobstructive. The right kidney measured 5.2 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged, no evident pathology.

Spleen

The **spleen** has been previously removed. The region of the splenic fossa was unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS



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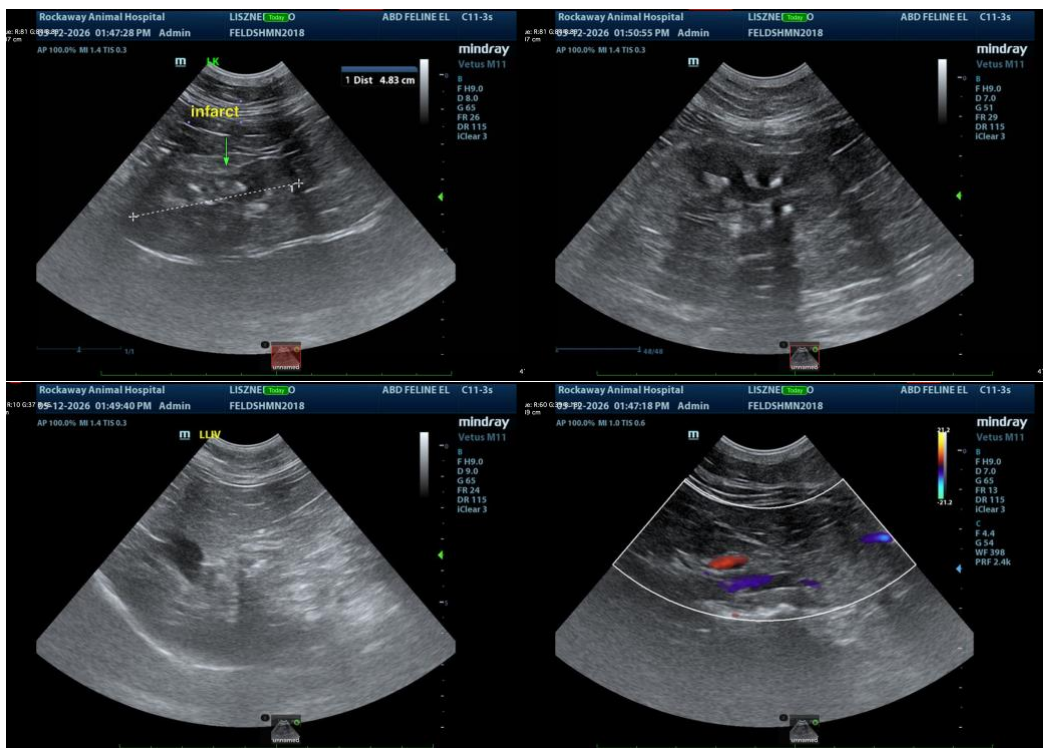
- Moderate degenerative renal changes with nephrolithiasis (nonobstructive), cortical infarcts and remodeling.
- Age-related hepatic changes
- No other evidence of pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support and reassessment of the electrolyte dyscrasia is recommended.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.



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